

**Medicaid Group Progress Note**  
**Agency Name**  
**Agency Address**

**Identifying Information**

Name: Age:  
Client ID: Gender:  
Parent or Legal Guardian:  
Number of Individual(s) present:

Service Rendered:  
Setting of Service:  
Start Time: End Time: Duration:  
Therapeutic Modality:  
Service Provider:

**Treatment Goal(s) addressed in the group:**

**Describe the specific treatment goals and objectives addressed in the group session**

Client progress towards completion of group treatment goals identified in the treatment plan  
Barriers to client progress towards completion of group goals (Be sure to document any missed sessions or professional consultations regarding the client)

**Plan:**

Based upon the client's response to the treatment plan what may need revision  
Identify the plan to address clients progress towards completion of identified group treatment goals.  
Plan for the next group session

**Licensed Therapist Signature:** Date:  
Include credential and title

**Clinical Supervisor Signature:** Date:  
Include credential and title  
(if necessary)

**If using the DAP progress note method include:**

**Data**

Subjective data about the client (client's observations, thoughts, and quotes)

Objective data about the client ( counselor's observations: affect, mood, behavior, appearance)

Content and process of the session

Home work reviewed in session

**Assessment**

Therapists understanding of the client's problems, working hypothesis, results of screening and assessment instruments, client's response to the treatment plan

**Plan**

Based upon the client's response to the treatment plan what may need revision

**Specific goals and objectives addressed in the treatment session** (make sure the note connects to the identified treatment goals identified in the mental health assessment, and treatment plan)

Plan for the next session and the scheduled date for that session

**If using SOAP progress note method include:**

**Subjective**

Subjective data about the client (client's observations, thoughts, and quotes)

**Objective**

Objective data about the client ( counselor's observations: affect, mood, behavior, appearance)

**Assessment**

Therapists understanding of the client's problems, working hypothesis, results of screening and assessment instruments, client's response to the treatment plan

**Specific goals and objectives addressed in the treatment session** (make sure the note connects to the identified treatment goals identified in the mental health assessment, and treatment plan)

Home work reviewed in session

Content and process of the session

**Plan**

Based upon the client's response to the treatment plan what may need revision

Plan for the next session and the scheduled date for that session